

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

Date Stamp

CALIFORNIA
FORM 460

Page 1 of 4

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CITY CLERK
CITY OF LODI

Statement covers period
from January 1 2010
through June 30, 2010

Date of election if applicable:
(Month, Day, Year)
n/a

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1267403

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

FRIENDS OF JOANNE MOUNCE

STREET ADDRESS (NO P.O. BOX)

437 E ELM STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95240	209-333-2814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
-	-	-	-

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

CONSTANCE ZWEIFEL

MAILING ADDRESS

435 E ELM STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95240	209-367-1807

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
-	-	-	-

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08-01-10
Date

Executed on 08-01-10
Date

Executed on
Date

Executed on
Date

By Constance Zweifel
Signature of Treasurer or Assistant Treasurer

By Joanne Mounce
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

**Recipient Committee
Campaign Statement
Cover Page**

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FORM **460**

Page 1 of 4

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Statement covers period
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(Month, Day, Year)

n/a

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CITY CLERK
CITY OF LODI

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☒ Officeholder, Candidate Controlled Committee

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☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure
Committee

☐ Controlled

☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/
Officeholder Committee

(Also Complete Part 7)

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☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

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1267403

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FRIENDS OF JOANNE MOUNCE

STREET ADDRESS (NO P.O. BOX)

437 E ELM STREET

CITY STATE ZIP CODE AREA CODE/PHONE

LODI

CA

95240

209-333-2814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

CONSTANCE ZWEIFEL

MAILING ADDRESS

435 E ELM STREET

CITY STATE ZIP CODE AREA CODE/PHONE

LODI

CA

95240

209-367-1807

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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Executed on 08-01-10
Date

Executed on 08-01-10
Date

Executed on _____
Date

Executed on _____
Date

By Constance Zweifel
Signature of Treasurer or Assistant Treasurer

By Joanne Mounce
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 450 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Type or print in ink.

COVER PAGE - PART 2

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOANNE MOUNCE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
LODI CITY COUNCIL				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
437 E ELM STREET	LODI	CA	95240	

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER		
-	-		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
-	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
-	-		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
-	-	-	-

COMMITTEE NAME	I.D. NUMBER		
-	-		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
-	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
-	-		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
-	-	-	-

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
-		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-	-	-
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
-		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
-	-	

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-	-	-
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-	-	-
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-	-	-
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-	-	-

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF JOANNE MOUNCE

Statement covers period
from January 1 2010
through June 30, 2010

CALIFORNIA
FORM 460

Page 3 of 4

I.D. NUMBER

1267403

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 0
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$ 0

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 277.66	\$ 277.66
7. Loans Made Schedule H, Line 3	.00	.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 277.66	\$ 277.66
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 277.66	\$ 277.66

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
0 / - / -	\$ 0
- / - / -	\$ -

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 300.00
13. Cash Receipts Column A, Line 3 above	0
14. Miscellaneous Increases to Cash Schedule I, Line 4	.00
15. Cash Payments Column A, Line 8 above	277.66
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 22.34

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
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SCHEDULE E

Statement covers period from <u>January 1 2010</u> through <u>June 30, 2010</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>4</u>	I.D. NUMBER 1267403

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NAME OF FILER

FRIENDS OF JOANNE MOUNCE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LODI CHAMBER OF COMMERCE 105 S SCHOOL STREET LODI CA 95240	MTG		CART	82.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 82.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 82.50
2. Unitemized payments made this period of under \$100	\$ 195.16
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 277.66